OCCUPATIONAL HEALTH AND SAFETY

NON-MEDICAL[1] X-RAY PERMIT APPLICATION

Applicant (Person in Charge): _____ Contact Person: _____

Position: _____ Facility Telephone: _____

Office Phone: _____ Emergency Telephone: _____

Office Room #: _____ Department: _____

E-mail: _____ Building: _____

Training/Experience regarding X-ray equipment and UWO X-ray Safety Training Date of the <u>Applicant</u> and/or <u>Contact Person</u>[2] (Use separate paper if necessary)

List of X-ray Worker[3](s) using the X-Ray equipment under your supervision

1. _____e-mail: _____Tel: _____ UWO Training Date:_____
2. _____e-mail: _____Tel: _____UWO Training Date:_____
3. _____e-mail: _____Tel: _____UWO Training Date:_____
4. _____e-mail: _____Tel: _____UWO Training Date:_____
5. _____e-mail: _____Tel: _____UWO Training Date:_____

This application is submitted for the following reason:

☐ New application ☐ Renew application ☐ Relocation of sources

☐ Replacement of old sources ☐ Additional sources ☐ Acquisition of existing facility from:

X-Ray Equipment General Information:

Room #	Manufacturer	Date of Manufacture	Type	Model #	Serial #	kVp	mA	Use Freq.

Note:

[2] Contact Person will be responsible for the X-Ray equipment when the Person in Charge is not available.

[3] X-ray Worker(s) shall wear Personal Dosimeters (where applicable) and receive specific hands-on training from the Person in Charge before operating the X-ray equipment.

_____ _____ _____

Signed: Applicant Date Signed: Department Chair Date

_____ _____

Signed: Radiation Safety Coordinator Date Signed: Radiation Safety Committee Chair Date

Please send the completed application form to: Hoa Ly, Radiation Safety Coordinator, Room 4190, Support Services Building

[1] Not used on human